

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. 10618743	FILING DATE 3					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	/	/	/	/			51						
2	/	/	/	/			52						
3	/	/	/	/			53						
4	/	/	/	/			54						
5	/	/	/	/			55						
6	/	/	/	/			56						
7	/	/	/	/			57						
8	/	/	/	/			58						
9	/	/	/	/			59						
10	X	X	X	X			60						
11	X	X	X	X			61						
12	X	X	X	X			62						
13			/	/			63						
14			/	/			64						
15			/	/			65						
16			/	/			66						
17			/	/			67						
18			/	/			68						
19			/	/			69						
20			/	/			70						
21			/	/			71						
22			/	/			72						
23			/	/			73						
24			/	/			74						
25			/	/			75						
26			/	/			76						
27			/	/			77						
28			/	/			78						
29			/	/			79						
30			/	/			80						
31			/	/			81						
32			/	/			82						
33			/	/			83						
34			/	/			84						
35			/	/			85						
36			/	/			86						
37			/	/			87						
38			/	/			88						
39			/	/			89						
40			/	/			90						
41			/	/			91						
42			/	/			92						
43			/	/			93						
44			/	/			94						
45			/	/			95						
46			/	/			96						
47			/	/			97						
48			/	/			98						
49			/	/			99						
50			/	/			100						
TOTAL IND.	7		14				TOTAL IND.						
TOTAL DEP.	8		12				TOTAL DEP.						
TOTAL CLAIMS	10		16				TOTAL CLAIMS						